Global Initiative for Traditional Systems (GIFTS) of Health

Revised Outline

December 1993

EXECUTIVE SUMMARY

In the United Nations "International Year of the World's Indigenous Peoples", a program has been developed to raise international awareness and generate new policies concerning the role of traditional health systems (THS) in health care among indigenous peoples and throughout developing countries.

The three part program also aims to extend global awareness and policy momentum on traditional health care to include the related areas of biodiversity, agriculture, and economic development.

PART 1 Policy Dialogue

Three regional workshops in 1994 involving traditional medical custodians and consumers and senior national and international policy representatives, particularly in health but including representatives of economic development and environment.

1. Workshop to develop preliminary resolutions on international and national policies pertaining to traditional health systems and their constituencies, Ottawa, Canada, February, 1994.

2. Regional workshops.

3. International conference.

1Huitoto Healer, Peruvian Amazon

PART 2 United Nations Resolutions

Resolutions will be developed through the above series of policy workshops and exchanges. Resolutions will cover the protection, promotion, evaluation and utilization of traditional health systems. These will be incorporated into resolutions of the UN Commission of Science and Technology which is scheduled to finalize its resolutions in 1995.

PART 3 Establishment of a World Council of Traditional Health Care

To work with representatives of traditional health systems in establishing an international body (a World Council of Traditional Health Care) specifically designed to provide an international policy forum and representative base for traditional medical systems and their custodians. Inauguration would be in 1994, formal establishment is envisaged for 1995.

GIFTS OF HEALTH

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2Acupuncture is often used in Asia to replace anaesthesia in surgery. Studies have shown more rapid recoveries and reduced post-operative pain.

The term **"traditional medicine"** refers to the long-standing indigenous systems of health care found in developing countries and among indigenous populations in industrialized countries.

The paradigms of traditional medical systems emphasize the integration of the individual and the environment, the integration of mind and body, and the value of complex mixtures of medicinal plants, and sometimes animal and mineral products, as means of preventing and treating disease.

In cases where the state of health or wellness is disturbed or "dis-eased", healers are often called upon to re-establish balance in the system. Healers of people are also known to treat animals, and healing systems for both are intricately intertwined. Healers include not only herbalists, but also surgeons, bonesetters, masseurs, and "shamans." Often several practices are used together and sometimes involve adaptations of "western" medicine or technologies.

Treatment strategies can involve the use of other physical therapies such as acupuncture, acupressure, meditation, diet, and exercise programs. They are low-cost, locally available treatments which, according to WHO estimates are utilized as the primary source of health care by 80% of the world's population.

Research into the effectiveness of many traditional medicines and practices show their benefit in preventing and treating many diseases endemic to developing countries. For example, South American indigenous preparations of quinine are effective against new strains of malaria despite the resistance of the parasite to conventional malaria medication.

3"Bush Doctors" are often more common and more available than M.D.s in parts of the Caribbean.

Gender and Traditional Health Systems

It is estimated that perhaps 80% of all healing across the globe is carried out by women. Furthermore, in regions such as Africa, approximately 80% of all rural labour is provided by women. Clearly women are central to the maintenance of health both in terms of humans and animals, and also in terms of plants, water, and the "natural", physical, and social environment. Not only are they directly involved in maintaining the health of their communities and environment on a daily basis, but also through preventive or curative "healing" practices.

While both men and women are engaged in knowledge production, innovation, and transference related to systemic health, women's knowledge and practices have been marginalized or rendered invisible in broader development efforts. In our efforts to more broadly understand and recognize health initiatives, it is important to account for gender-disaggregated knowledge and practices that sustain communities in, and with, their environment as well as the relationships between men, women, and the structures of class, race, age, etc.

Gender issues must, of necessity, be considered in all areas of traditional health systems, both in practice and knowledge, and policy recommendations. Issues such as biodiversity, certification, training, and intellectual property rights will, without question, hold different consequences for men and women both throughout their labour divisions, and with respect to class, age, ethnicity, and other socially-constructed expectations in their local, national, and international community.

Biological and Cultural Diversity

The interest in biodiversity issues has been fuelled in part by countless studies and documents including the Brundtland Commission as well as the (pharmaceutical industry-promoted) race to "identify" botanical properties with potential for the provision of biomedical medicines. Interestingly enough, the regions of greatest biodiversity are also those regions with the highest levels of (structural) poverty. As governments and trans-national corporations look to benefit from the knowledge and innovations of local communities, the potential for destroying the very fabric of the society - and, in turn, the culture itself - increases.

In exploring the potential of traditional health systems, care must be taken to ensure the protection of both cultural and biological diversity. Western trans-national corporations and researchers protect themselves through intellectual property rights (IPR) and patents. Local communities must also protect themselves from big business interests and exploitation and governments eager to unload their debts by selling off their biodiversity.

Issues of relevance to local users and practitioners include first, local conservation and sustainable management of plants and animals used in traditional medicine; and second, the technical, economic, and legal obstacles to sustainable local production of traditional medicines.

Intellectual Property Rights (IPR)

IPR is a concept that encompasses a myriad of mechanisms for granting "patent" or "ownership" rights for genetic (or sometimes whole plant) material to individuals (or businesses). It is a concept developed under the dominant western paradigm of knowledge and science and is based in a dominant global community that values free (monetary) markets, competition, property ownership, knowledge as commodity, and profit.

These are often foreign concepts to many cultures who see knowledge as an entity to be shared, not protected. How can cultures continue to share their knowledge as an entity to be shared, not protected? How can cultures continue to share their knowledge with each other and outsiders without being exploited by those eager to patent yet another living organism, cell, or gene?

The European Community, United States, and other western countries are pushing for a global patent regime through the General Agreement on Tariffs and Trade (GATT), threatening indigenous communities' very survival. While the FAO has discussed the potential for Farmers' Rights to counter this movement, little effective work has been done to date.

Important precedents have been set in community-company agreements including National Institutes of Health, Shaman Pharmaceuticals, and the now renowned Merck-INBio Agreement. It has been suggested that these may have far more influence at the local level than GATT.

Vietnamese medical students receive training in herbal medicine.

RELATIONSHIP BETWEEN TRADITIONAL AND MODERN MEDICINE

Four broad organisational relationships have been observed between modern medicine and traditional medicine:

I. **MONOPOLISTIC:** modern medical doctors have the sole right to practice medicine.

II. **TOLERANT:** traditional medical practitioners are not officially recognized but are free to practice on condition that they do not claim to be registered medical doctors.

III. **PARALLEL:** practitioners of both modern and traditional systems are officially recognized. They serve their patients through equal but separate systems (e.g. Indian).

IV. **INTEGRATED:** modern and traditional medicine merged in medical education and jointly practised within a unique health service (e.g. China, Viet Nam).

In Ayur-Veda there is an expression that the "active ingredient" approach of Western pharmacology takes the knowledge from the plant and throws away the wisdom.

PURPOSE OF THIS GLOBAL INITIATIVE

WHO statistics indicate that at least 80% of the population of developing countries rely on traditional medicine as their primary source of health care. This form of health care can range from the services of herbalists and shamans in rain forest areas of South America through to government and private clinic services provided by graduates of traditional medical colleges in various parts of Asia.

> Traditional medicine costs one chicken, modern medicine costs one cow and modern hospital treatment costs several cows. - Vietnamese saying

In the past decade there has been a resurgence of interest and activity in traditional medicine in developing countries.

This upsurge of interest in traditional medicine in developing countries has a number of origins.

In part it is economic. Some countries - Uganda, Thailand and Mexico are some of the many - recognizing that they cannot afford universal Western style health care have provided increased support for their long-standing traditional medical systems.

In part it is cultural. Revival of traditions in different parts of the world, often associated with nationalist sentiments following decolonization or increased self-determination for indigenous, has led some countries to reevaluate and promote their traditional medical systems - e.g. Viet Nam, Nicaragua.

International pressure to conserve biodiversity is the latest source of influence on the promotion of traditional medicine. Traditional medicines are looked at as sources for the development of new drugs and rainforest conservation is linked to drug discovery initiatives - a trend which concerns many traditional practitioners due to the emphasis on producing synthetic drugs for First World diseases rather than on evaluating the intrinsic value of traditional formulae for treating Third World health needs.

> *Research in many developing countries has found that modern medicine is utilized by people for treatment of acute conditions while traditional medicine is used for treating chronic conditions.*

REGIONAL EXAMPLES

LATIN AMERICA. At a recent Pan American Health Organisation conference on indigenous people and health, many country representatives from South America reported on the growth of activity and interest in traditional medicine in their countries. Several countries have departments or divisions of traditional medicine within the health ministry. In Mexico, 52 different traditional medicine associations were represented at a recent meeting on traditional medicine in Mexico City.

AFRICA. In Africa, governments facing huge drug bills for the growing AIDS crisis are looking to their indigenous medical traditions and medicinal plants to identify inexpensive and effective treatments for at least alleviating the suffering of AIDS victims.

ASIA. In India, Sri Lanka, China, Korea, Viet Nam and many other countries, traditional medical services are available as a routine part of national health services. Practitioners are trained in four or five year degree-granting institutions and traditional medicine provides the majority of health care to residents of rural areas - the majority of Asia's population.

POLICY MODELS

As this activity in traditional medicine has grown, national and international policy has not kept abreast of the changes by developing appropriate strategies for addressing the many issues involved in the support for and provision of traditional medical services. There are many policy approaches in operation - they include:

Training of traditional practitioners

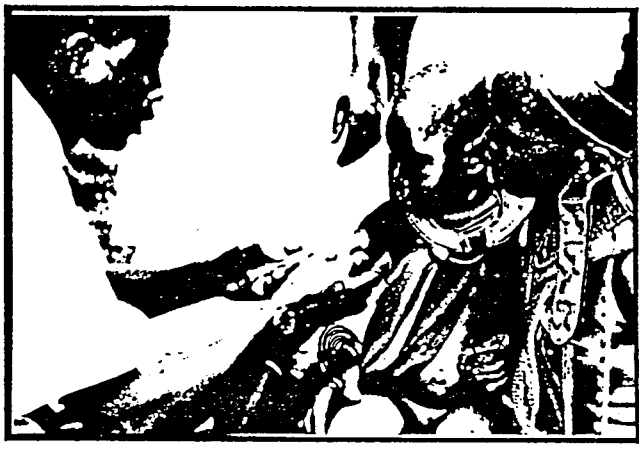
- In some countries such as Belize, there is an emphasis on "training" traditional practitioners to become providers of Western primary health care.

- In other countries, written, audio and video records are gathered from the remaining custodians of traditional medical knowledge in order to develop training programs for large groups of new traditional practitioners. For example, in Viet Nam there is an extensive "heritage" program sponsored by the government to this end. In Canada, videotapes of Inuit traditional birth attendants are now being used by the Inuit health services to train a new generation of Inuit midwives in traditional delivery methods.

- In many countries in Asia - India, China, Bangladesh, Korea, Sri Lanka, Nepal and others - there are government-regulated curriculum standards and certification for traditional medical practitioners.

Health service provision

Country experience varies in the way in which traditional medicine services operate. In some countries (China, Viet Nam) they are an official component of government health services, integrated at every level with modern medical services. In other countries, (e.g. India) there is a separation of modern and traditional medical concepts in the training of practitioners and a "dual" health system in which the consumer makes the choice about which services to utilize for what medical condition. In still other countries, there is official disregard for the traditional medical sector, with more than 80% of health budgets being directed to services that reach approximately 20% of the population.



4Immunization in Africa. Indigenous peoples are often willing to accept some western medicines.

Economics, Agriculture, and the Environment

It is a feature of traditional health systems that they intersect with more areas of the national economy than simply health.

Through the use of plant materials and, in some instances, animal products, traditional medicine intersects with agriculture and the environment.

Because of the emphasis in many countries on local production and local use of traditional medicine, family income as well as family health becomes part of the health equation. For instance, cultivation or wild harvesting of medicinal plants can bring in an additional source of family income. It also saves expenditure on other medicines.

The international natural products market is another area to be considered: for instance, the production of processed medicines as well as of raw medicinal materials in Viet Nam is driven in part by an intent to develop this area as a means of attracting foreign investment, particularly but not exclusively from other Asian countries such as Japan, Korea, and Taiwan.

There has been growing awareness internationally on the environmental policies pertaining to traditional medicine. For example, environmental degradation through unplanned development and deforestation has resulted in the loss of wild sources of medicinal plants. Conversely, in countries such as China, where approximately 80% of the raw materials (animal and plant) for traditional medicines come from wild sources, overharvesting constitutes a threat to biodiversity.

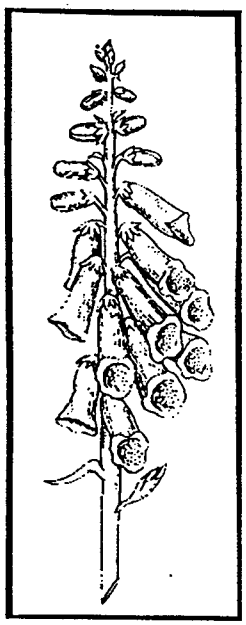
GOALS OF GIFTS of Health

1. To generate a climate of international awareness of the value of preserving and strengthening the role of traditional health systems in developing countries and among indigenous peoples.

Through a process in which representatives of traditional health systems will engage in a series of structured discussions and informal communication with national and international policy makers, and international policy forum on traditional health systems will be generated and new level of attention to the potential therapeutic and cost benefits of traditional systems of health care will be fostered.

2. Identify both promising and problematic policy approaches through a series of regional forums for bringing into focus the diverse policy models that currently exist in the area of traditional health systems and national health care.

A review of country experiences will identify those policy approaches which have strengthened the contribution of traditional health systems to national health care and those policies which have had a counterproductive effect on the role of traditional health systems in national health care.



5Foxglove: Digitalis purpurea. A powerful source of heart tonic.

In several workshops in 1994 - one in Ottawa in January, plus three in the regions, and a culminating workshop at Oxford University - there will be discussions on the impact of public policy on utilization, effectiveness, conceptual integrity and official support for traditional health systems. These discussions will be directed towards developing international resolutions and new policy directions.

3. To identify specific areas in which both national and international policy development should be promoted.

The workshops will identify priority policy areas and will seek to generate commitment towards governmental action from participants representing national health ministries, international health organisations, and national and international environmental and economic organisations.

Areas of policy to be considered include: research methods and needs, integration of traditional and modern health systems, regulatory issues, training of health workers, biodiversity, intellectual property rights, international trade in medicinal plants and traditional medicines.

4. To identify priority research areas pertaining to policy on traditional medicine.

A common perception of traditional health systems is that little is known of their safety and efficacy. While this is not a correct view, since studies have been done in many countries, the level of research sophistication, the language in which it is published and the focus of the research contribute to the studies being overlooked or rejected by those applying international standards. A preliminary research agenda will be developed which will be capable of a) providing essential data to traditional health institutes, departments and practitioners on utilisation, treatment effectiveness and safety, and b) generating requisite data for facilitating international support for traditional health systems as cost-effective components of national health care programs.

5. To generate United Nations resolutions pertaining to the protection, promotion, evaluation, and utilisation of traditional health systems.

IDRC has committed to have resolutions resulting from this process incorporated into the resolutions of the UN Commission on Science and Technology for Development which IDRC is currently participating in developing.

At each point in the initiative, resolutions will be framed from the discussions and exchange outlined in the previous points. These will then be conveyed to subsequent forums for incorporation into a broad set of international resolutions on traditional health care. From the Oxford workshop, resolutions will then be conveyed to the UN Commission on Science and Technology for Development and also to the planning meeting for the 1994 Beijing conference on Women and Development. Thus an international climate will be established and formalized through these resolutions.

While resolutions do not in and of themselves produce action and change, they establish the legitimacy and recognition of the issues to which they pertain and provide an important statutory framework for support.

6The Ebers papyrus from ancient Egypt records the development of antibiotics 3000 years before its "discovery" in the West.

6. To establish a formal position for traditional health systems within the planning equation for health care in developing countries and within indigenous communities.

Currently, there is wide variability in the consideration given by health planners to traditional health systems. In some countries, traditional medicine is routinely into health planning. However, this occurs in only a minority of cases - primarily in Asia. In most cases, health ministries overlook the fact that basic health care is provided to the majority of the

population by traditional practitioners and budgets and national health plans lack any reference to traditional medicine.

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The initiative aims to identify the prerequisites for this to occur, establish basic pre-conditions and to set the course which will be taken up by the Council outlined under Goal 8.

7. To forge new funding partnerships, commitments and programs.

National and international funding is currently directed exclusively to the provision of Western-style health services in developing countries and indigenous communities. Research has consistently linked morbidity rates to economic conditions rather than to the availability of Western medicines. There is no scientific evidence for believing that Western medicine is the only effective way of dealing with the health problems in these countries and communities. On the contrary, some traditional treatments are still more effective against new strains of malaria despite the resistance of the parasite to commercial anti-malarial.

Through the workshops and the follow-on from these, the Initiative will work to bring together foundations, international development agencies and lending bodies, government health and environment departments and non-government organisations to establish new initiatives in funding for traditional health care.

As well as generating its own new initiatives, such an alliance would be in a position to provide the basis for implementing the priority research and policy directions given priority through the workshops.

8. To make widely available the information resulting from this process, so that it may serve as a stimulus and a reference in policy formation in developing countries, in international agencies and in funding organisations.

A communications group, co-chaired by Former Congresswoman Claudine Schneider and Mr. Michael Hurley, director of the National Institute for Health Communication, has been established to ensure that the information generated through the Initiative reaches the relevant audiences in appropriate forms. In addition to resolutions being produced, papers will be generated, video and audio tapes made, media coverage provided and proceedings published. Short executive summaries of outcomes and recommendations will be distributed widely.

9. To work with traditional medical representatives in establishing an international body (e.g. a World Council of Traditional Medicine) to serve as an international policy forum and representative base for traditional medical systems and their custodians.

A primary outcome of the workshops and exchanges among practitioners, consumers and policy makers will be the establishment of an international non-governmental organisation to provide ongoing representation for traditional health systems in the international arena.

The organisation will be fully conceptualized during the process outlined above. Some of the consultative functions it will have include national and international input on:

- ♠ legislation
- ♠ research
- ♠ regulatory policies
- ♠ training policies
- ♠ biodiversity
- ♠ drug development and intellectual property rights
- ♠ inter-cultural exchange of health care strategies and traditional medical knowledge
- ♠ scientific, governmental and public education on traditional health care
- ♠ funding

The organisation is envisaged as being representative of all traditional systems and providing a voice for traditional health care at national and international levels.

WORKSHOP 1. Indigenous peoples and traditional health care. Ottawa, Canada, February 1994

Three groups that are primary participants in the planning of this initiative are located in Ottawa. They will host the first round of planning for the Global Initiative on Traditional Health Systems.

i) The World Council of Indigenous Peoples, which is developing the participants list of representatives from indigenous organisations.

ii) The International Development Research Centre, a major supporter of developing country research initiatives, has funded the initial work in preparing for the conference and has

committed support for the longer term. Global Initiative Co-Chair, Dr. Anwar Islam of IDRC will coordinate this meeting.

iii) The Indigenous Knowledge Program of the Canadian Museum of Nature is located in Ottawa and is represented in the planning process by the program's director, Dr. Julian Inglis.

iv) In addition to the above organisations, many Native Canadian and American groups are within easy travel distance from Ottawa and can participate in the workshop.

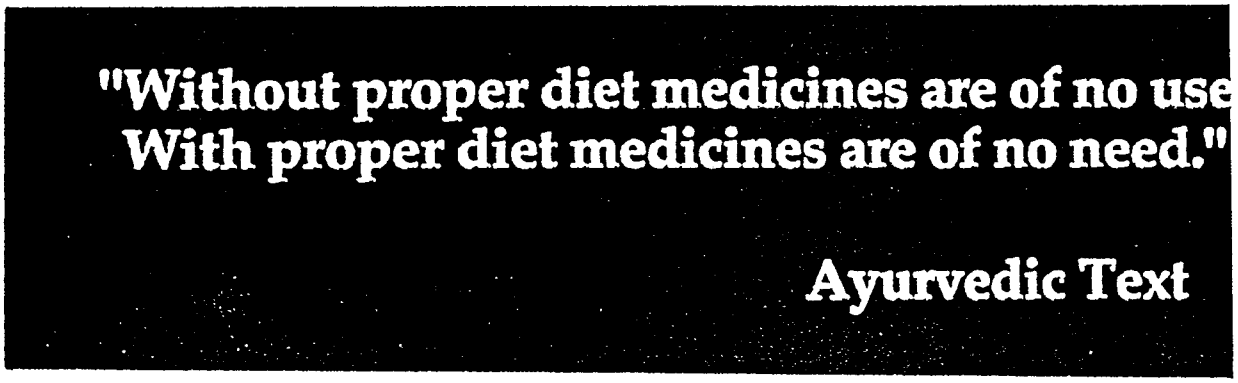
REGIONAL WORKSHOPS - Asia, Africa, and the Americas

It has been suggested that regional workshops be planned for 1994.

GLOBAL FORUM on Traditional Health Systems and Public Policy. Oxford University

An international conference will be held in Oxford in mid-September, 1994 to present the resolutions from the previous workshops to the international policy community for final review.

The meeting will be held at Green College, which, in addition to being Oxford's medical college and having an active role in international health, is taking a leading international role in biodiversity policy. Conference Co-Chair Dr. Gerard Bodeker is a Visiting Fellow at Green College. Dr. Jeffrey Burley, CBE, the Director of the Oxford Forestry Institute, is a member of the international planning committee for the Global Initiative. Organisational support for the planning of the Oxford workshop has been committed by the Green College Centre for Environmental Policy and Understanding and by the Ethnobiology Foundation of Oxford.



AREAS OF POLICY FOCUS OF GLOBAL INITIATIVE

- Health Policy
- Women and Health
- Biodiversity
- Economic Development

WORKSHOP THEMES

- research - trends, needs, national and international research policy, intellectual property rights
- regional policy models in traditional medicine
- commercial models
- agricultural/horticultural policy re: traditional medicine
- biodiversity
- training
- regulation
- national health policy
- international health policy

PRODUCTS of GLOBAL INITIATIVE

- Proceedings
- Video of conference
- Recordings of conference sessions (for general use as well as for those not literate)
- Books - scholarly volume on policy (edited with contributed chapters)
  - popular book for general public - public education
- Film/TV/Video Series

PARTICIPANTS

Participants will be invited from

- Traditional medical associations in developing countries,
- Indigenous Peoples groups
- Health, environment, and economic development officials from developing countries,
- Representatives of international organisations - e.g. World Bank, WHO, Pan American Health Organisation, UNESCO, UNEP, British, European, and Commonwealth development agencies, Asian and African development organisations with health and traditional medicine interests;
- representatives of NGO's in the above areas.

Approximately 30 to 40 participants will work in the working groups in Ottawa and the regional workshops.

A maximum of 300 participants will be invited to the Global Workshop in Oxford in September 1993. Of these, 200 will be from the South, roughly divided between custodians of traditional health care, national health officials and regional representatives of international organisations such as WHO, UNESCO, UNEP, and the World Bank.

Translation will be in English, French, and Spanish.

The World Council of Indigenous Peoples, in conjunction with the Centre for Traditional Knowledge is developing and coordinating the list of participants.

GIFTS OF HEALTH SPONSORS

Currently, there are several major sponsors of the conference. These are:

The International Development Research Centre (IDRC), Ottawa, Canada

The National Museum of Health and Medicine, USA

The World Council of Indigenous Peoples

Canadian Museum of Nature - Centre for Traditional Knowledge

The Green College Centre for Environmental Understanding and Policy, Oxford University

The Ethnobiology Foundation, Oxford

In addition to the above organisations, other members of the Planning Group are from: the Pan American Health Organisation; the World Bank; the National Institute of Health; Office of Alternative Medicine; the Oxford Forestry Institute; the University of Nigeria; Pharmacognosy Department; the British Research Council on Complementary Medicine; the National Institute for Health Communication; Columbia University, School of Medicine.

Sponsorship in the form of funding is being sought from foundations, international organisations and the private sector.

PLAN SUMMARY

1. INAUGURAL PLANNING WORKSHOP, Washington, D.C. August, 1993.

A planning meeting for the Global Initiative was held in August 1993 at the offices of the Pan American Health Organisation (PAHO). The National Museum of Health and Medicine (USA) sponsored and organised the meeting. A list of participants may be found in ANNEX 1.

2. REGIONAL WORKSHOP, Ottawa, February 1994.

IDRC will help coordinate the bringing together of indigenous representatives from the Americas - and guests from traditional medicine from other countries - with national and international health policy representatives.

3. REGIONAL WORKSHOPS

IDRC agreed to help coordinate the (earlier version) of the regional workshop.

4. GLOBAL WORKSHOP, Oxford

IDRC has committed support for this meeting.

In addition, administrative support and telephone and facsimile service have been committed by the Ethnobiology Foundation of Oxford.

The Green College Centre has committed organisational support.

Travel and accommodation funds are needed for approximately 150 participants from the South.

The current plan includes recording the conference on audio and video, translation services and publication and distribution of proceedings.

WORLD COUNCIL OF TRADITIONAL HEALTH CARE

A separate budget for this will be developed through the series of workshops with the goal of 1995 establishment.